

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 9
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OREGON RIGHT TO LIFE VICTORY PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00592303 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eagle Web Press		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 04 / 20 / 2016 </div>	
Mailing Address 4901 Indian School Rd NE		Amount <div style="border: 1px solid black; padding: 2px;"> 3.14 </div>	
City Salem	State OR	Zip Code 97305	Transaction ID : WFT20164101844-1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 05 / 02 / 2016 </div>
Purpose of Expenditure voter guide printing		Category/Type	
Name of Federal Candidate Cruz Ted		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Gateway Communications, Inc		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> 05 / 06 / 2016 </div>	
Mailing Address 16805 NE Mason Court		Amount <div style="border: 1px solid black; padding: 2px;"> 581.66 </div>	
City Portland	State OR	Zip Code 97230	Transaction ID : WFT20164101851-1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> 05 / 10 / 2016 </div>
Purpose of Expenditure design, printing and mailing of postcard		Category/Type	
Name of Federal Candidate Cruz Ted		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 584.80 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> 584.80 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Atteberry Gayle

[Electronically Filed]

Date

05 / 10 / 2016

Signature